

NOV. 11. 2009 10:46AM

NAVTEQ CORP

NO. 509

P. 1

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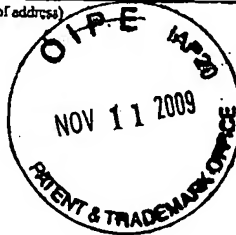
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10/29/2009

NAVTEQ NORTH AMERICA, LLC
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 SUITE 1200, PATENT DEPT
 CHICAGO, IL 60606

11/12/2009 CCHAU2 00000091 500728 10823132

01 FC:1501 1510.00 DA
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Jon D Shutter (Depositor's name)
Jon D Shutter (Signature)
Nov. 11 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/823,132	04/13/2004	Robert Chojnacki	N0195US	4831

TITLE OF INVENTION: COMPUTING SYSTEM WITH DECRYPTION FUNCTIONS AND SECURE DATA PRODUCT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	50	\$1810	01/29/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
PERUNGAVOOR, VENKATANARAY	2432	726-030000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JON D. SHUTTER
 2 FRANK J. KOZAK
 3 LISA M. SCHODEL

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NAVTEQ NORTH AMERICA, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CHICAGO, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500728 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jon P Shutter
 Typed or printed name Jon D Shutter

Date

Nov 11 2009

Registration No.

41311

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